

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the District - Akola

Details of the deceased

1	Name	Mrs Shital Ranjeet Surwade
2	Age	24yr
3	Sex	Female
4	Name of Spouse (his or her age)	Ranjeet Bandu Surwade
5	Address of the deceased	Yawalkhed akola
6	Number of living children(with details concerning age and sex)	4yr male and 16day female
7	Whether operation was performed after delivery or otherwise	LSCS with TL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	12.9.22
9	Whether tubectomy operation was done with MTP	
10	Whether written consent was obtained before the operation	Yes D/M/Y...12.../...9.../...2022....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	elective LSCS with TL

Details of operations

12	Place of operation	DHW AKOLA
13	Date and time of operation (D/M/Y)	...13.../...9.../2022 time ...11.20..... to 11.50AM
14	Date and time of death (D/M/Y)	...29.../...9.../2022 time ...1.30.....am
15	Name of surgeon	Dr. Archan Sherekar
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	NA
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - Operated -
20	Did any other client develop complications? If so, give details of complications?	NO

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr Vaidya
22	Details of anesthesia drugs used	inj.Bupivacane 0.5% 2cc
23	Types of anesthesia/analgesia/sedation	Spinal Anesthesia
24	Post-operative complications (according to sequence of events)	NIL
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	

Details of Death Audit

25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes, attach the post mortem report	YES
27	Whether first notification of death was sent within 24 hours	Yes/No.....YES..... If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	YES
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	YES

33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

Name :-

Date :-

Signature :-

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQA Candes (State))

Name of the State/District/Union Territory: Maharashtra/Aurangabad

1	Name	<u>Dipoli Katardea Gajkund.</u>
2	Age	<u>29 yrs.</u>
3	Sex	<u>Female</u>
4	Name of Spouse (if any) (Marital)	<u>Katardea Filip Gajkund</u>
5	Address of the deceased	<u>Bhingi Borsol. 79 Walsur.</u>
6	Number of living children (with details concerning pregnancy)	<u>2. 1st - 4 yrs. 2nd - 4 yrs.</u>
7	Whether operation was performed after delivery or otherwise	<u>UAF. 29/1/23</u>

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery Whether tubectomy operation was done with MTP	No
9	Whether written consent was obtained before the operation	NO
10	Whether the operation was done at a camp or as a fixed day stage procedure at the institution	At camp weekly.
11		
12	Place of operation	VPL - VADAV EST. CAMP
13	Date and time of operation (D/M/Y)	02/02/23, 11:30 AM
14	Date and time of death (D/M/Y)	10/02/23, 10:40 AM
15	Name of surgeon	S. VIKRANT KUMAR
16	Whether a gown was worn parallel to	Yes/No Yes
17	If the operation was performed in a camp/hospital/ambulatory centre/the centre fully equipped	Yes. Performed at VADAV EST. CAMP
18	Was the centre fully equipped to handle any emergency complications	Yes/No Yes

Form 2012-2013 (2014)

25	Causes of death (Primary Cause)	
26	Has postmortem been done? If yes,	Yes
27	Whether for notification of death was sent within 24 hours.	Yes/No..... Yes..... If not, give reasons.....
28	Detail the officer from District Quality Assurance Committee (DQAC) who conducted the regular inspection of the jail under DQAC. Was death attributable to the sterilization procedure	Yes/No.....
30	What factors would have helped to prevent the death?	
31	Were the sterilisation standards established by GOI followed?	Yes/No.....
32	Did the facility meet and follow up the sterilisation standards established by GOI? If no list the deviation(s)	

33	Additional Information	
34	Recommendation made	
35	Action proposed to be taken	

Name: S. F. Adarogba Designation: CEO

Date: 18/12/23 Signature: [Signature]

Note: If any member of the SOAC/DDQA has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of occurrence by DQAC and sent to state)

Name of the state/ District

Details of the deceased

1	Name	Eupak Royjama Tribadi
2	Age	21 yrs
3	Sex	Female
4	Place of residence (City or town, village or in the forest)	Sydney Estate
5	Number of living children (with death certificate age and sex)	3, male ← male/last marriage
6	Whether any religious practices still observed or otherwise	No religious activities
7	Place of delivery	NR
8	Date of delivery	
9	Place of delivery	
10	Type of delivery	
11	Details refer conducted the delivery	
12	Whether fully vaccinated (date and name of vaccinator)	NR

11	Whether system was at least partially tested before the operation	Yes
12	Whether the operation was done at a company or school for safety purposes at the institution	No
13	Place of operation	Local medical college laboratory
14	Date and time of operation (DD/MM/YY)	
15	Date and time of death (DD/MM/YY)	
16	Name of surgeon	Dr. Subramanian of Dr. Deepa Subramanian
17	Whether organ was separated or not	In laboratory cases is unperfected.
18	If the operation was performed at a camp to be performed around the town directly	No
19	Was the center fully equipped to handle any emergency complications during the procedure?	Yes
20	Number of staffs assisted and number of staffs operated cases on	2 4

21) How long can a person tolerate hypoxia? How long without any oxygen at all?

No

Anaesthesia, Atrial and Ventricular

22) Name of the anaesthetic agent used

4 Chloralhydrate

23) Name of anaesthetic drug used

Bupivacaine

24) A patient is brought to the hospital with a ...

Spinal anesthesia

Pre-operative investigations according to response of patient

P was stable when discharged today. It came back on long 1/2 feet weakness, severe & sudden collapse. Hb - 12.5 / PCV 36.5 / W.C. 12,000 / platelets 1,00,000. Treated by transfusion, by dopamine by volume ventilation, special ICU care.

- a. Details of symptoms and signs
- b. Details of treatment and other investigations
- c. Details of treatment given with justification, the time taken of admission and the death of cases

- 1. Approved for release
- 2. Not approved for release
- 3. Not approved for release

Not used 10 hours of second admission

Name - G.M.C. Akand
Date - 18/4/23


 Designation - District Health Officer
 Signature - District Health Officer
2023 Parshad, Anurag

Note: If any member of the NMC/DOAC has performed the operation, he/she should excuse himself/herself from the proceedings in this court.

District Insurance Sub-Committee Report of FP Sterilization Death

Dist. of Holding Dist. Insurance Sub-committee Meeting

Name of Deceased: Smt. Rupali Gajanan Khunde Agrees: Yes
resident of: Mt. Rajbhaga Ra. Gangaot. Dist. Aurangabad.

Date & Time of Admission: 4/1/18 Date & time of Operation: 4/1/18

Place of Operation: Medical College, Akod.

- a) PHC
- b) RH/SDH
- c) Woman Hospital
- d) District Hospital
- e) Corporation Hospital
- f) Medical College

g) Govt. Hospital

h) Any Other (Specify)

i) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation: Minitlap
(Minitlap, Laparoscopic TL, LSCS with TL, MTP with Minitlap, MTP with Laparoscopic TL, Conventional / NSV)

Date, Time & Place of Death: 25/1/18, 8.30 pm, Medical College

Dist. Insurance Sub-Committee Meeting is Conducted on dt. 18/04/2023 Under the Chairmanship of Sub-Committee & Following members were present.

Sr.No.	Name of Members	Designation
1	HON. VIKAS MEENA	HON. CHIEF EXECUTIVE OFFICER
2	HON. DR. S.S. SHEELKE	SECRETARY
3	DR. DAYANAND MOTIPAWALE	CIVIL SURGEON
4	DR. KAZI	MEMBER, MOHAWC ADD.
5	DR. MUDHREKAR	GYNECOLOGIST
6	DR. BABASAHEB SHINDE	SURGEON
7	DR. PRADEEP KULKARNI	ANESTHETIST
8	DR. MAHESH KESALE	PATHOLOGIST
9	D. ADHAY DHANORIKAR	ADHO
10	DR. REKHA BHANDHARI	DRCHO

Form for Conducting Autopsy

To be submitted within two months of notification by DGAC and sent to DDMT

Name of the state/Union Territory: Madhya Pradesh

1	Name	<u>Mr. Raju Singh</u>
2	Age	<u>35</u>
3	Sex	<u>Male</u>
4	Name of spouse (if any)	<u>Mr. Raju Singh (Deceased)</u>
5	Address of the deceased	<u>VARA GATE, BHOPAL</u>
6	Chances of being affected with disease increasing age and sex	<u>NO</u>
7	Whether operation was performed after delivery or otherwise	<u>NO</u>
8	Is other delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	
9	Whether laboratory operation was done with MTP	<u>NO</u>
10	Whether routine consent was obtained before the operation	<u>NO</u>
11	Whether the operation was done at a camp or as a fixed day camp procedure at the institution	<u>NO</u>
12	Name of operation	<u>MTP</u>
13	Date and time of operation (DD/MM/YY)	<u>05-05-2024</u>
14	Date and time of Aut. (DD/MM/YY)	<u>08-05-2024</u>
15	Name of surgeon	<u>Dr. Anand Kumar Singh, Sr. Surgeon, K. J. Somaiya Hospital</u>
16	Whether consent was impounded or not	<u>YES</u>
17	If the operation was performed at a camp who primarily attended the client during	<u>NO</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure?	<u>YES</u>
19	Number of clients admitted and number of clients operated upon on the day of surgery	
20	Did any other client develop complications? If yes give details of complications	



21	Name of the Assessor(s), if given	Dr. SPESH
22	Details of assessment stage used	
23	Type of assessment/assessment location	Qualification
24	Particulars of compliance according to purpose of system	On 10/05/2024 - BT - Tamil Nadu Hospitals - Tamil Nadu, Government Temp. 10/10/2024 - Tamil - The Government
	A. Details of equipment used	Microscope, Hypertensive Press. Automatically supplied also attached with
	B. Details of primary and other investigations	BT, Plasma test, PCU (HIF attached)
	C. Details of treatment given, with frequency, and level of adherence used for each of them	
25	Name of Health Primary Center	Pullinger Health - BT
26	Has the center in last year (Yes/No) within the past 12 months report	Yes
27	Whether last assessment of health and safety audit is done	Yes/No - YES
28	Details of the address from District Quality Assurance Committee (DQAC) who conducted the survey	Dr. SPESH - BT - Tamil Nadu Dr. SPESH - BT - Tamil Nadu Dr. SPESH - BT - Tamil Nadu
29	In opinion of the assessor of DQAC, whether center is suitable in the infrastructure provision	Yes/No - YES
30	If yes, further could have helped to improve the audit	
31	Were the accreditation standards established by DQAC followed?	Yes/No - YES
32	Did the facility meet and following the accreditation standards established by DQAC for the accreditation?	YES
33	Additional information	
34	Remarks/observations made	
35	Action proposed to be taken	

Name: Dr. SPESH B.C. RAO Signature: [Signature]
 Date: 10/10/2024 Signature: [Signature]
 Note: If any member of the DQAC/DQAC has performed the assessment, the assessor must be present/assessing the center.

Health & Quality Assurance in Healthcare Sector



A. This program was derived from:	
1. Name of the program	
2. Date of last revision	
3. Description of program for the user	Yes/No
4. Transfer of program to the user	Yes/No
5. Has the source code program a file of distribution?	Yes/No
6. Location of the program: location, file program, and file name	

Names, designations and signatures of the Committee Members

_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments by QAC:

Is compliance with the QAC:

- (a) Were the compliance records submitted to QAC reviewed? Yes/No
- (b) Were the compliance records provided to the committee president? Yes/No
- (c) Were files submitted to the committee? Yes/No

(d) Was the compliance report reviewed by the committee? Yes/No

(e) Does the faculty retain all the physical and digital records as required in the QAC handbook for compliance? Yes/No

If yes, list the details: _____

Additional information received, not provided in the report: _____

2021

2021

Based on the investigation report, the following recommendations are made:

Approved by: _____

Designation: Director - EP & L&W

Signature: मा.जी.बी.एस. वरुदे
जति

Note: If any member of the QAC has performed the investigation, it shall be noted in the report. The sign of the member of the QAC who has performed the investigation shall be noted in the report.

Approved by: _____

21

Annexure - 1A

Proforma for Conducting Audit of Death

It to be submitted within one month of identification by DDAI and sent to state

Name of the state/ District/ Union Territory:

Personal Details	
1. Name	Patil Raju Rajendra
2. Age	55 years
3. Sex	Male
4. Name of spouse (if any) and age	Patil Rajni Rajendra
5. Address of the deceased	M. P. Road, Thane, Dist. Thane
6. Number of living children with details (including age and sex)	02 both female - 10/11/1988, 02/01/1990
7. Whether operation was performed after delivery of placenta	Yes
8. Other delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	
9. Whether delivery operation was done with MTF	Yes
10. Whether mother consent was obtained before the operation	Yes - 03/11/2019
11. Whether the operation was done at a place as per local health authorities at the convenience	Yes
Details of Operation	
12. Place of operation	Govt. Hospital
13. Date and time of operation (DD/MM/YY)	03/11/2019 11 AM
14. Estimated time of death (DD/MM/YY)	03/11/2019
15. Cause of surgery	Obstetric Surgery
16. Whether surgery was requested as per	Yes - 03/11/2019
17. If the operation was performed at a place other than the health facility	Yes - Govt. Hospital
18. Was the medical record properly maintained during the procedure?	Yes - 03/11/2019
19. Number of samples collected and sent to the laboratory for forensic examination	05
20. Whether the samples were properly maintained as per local health authorities	Yes - Govt. Hospital

Case of Death (Primary Cause)	
1. Name of the decedent, if present	Solomon
2. Cause of death (Primary Cause)	1st) <u>falling long by being pushed by other</u>
3. Name of immediate family member	Rebecca
4. Description of circumstances surrounding the incident	Department of Health & Human Services to check for <u>violations</u> to just check
5. Details of symptoms and signs	1st) <u>falling long by being pushed</u>
6. Details of laboratory and other investigations	2nd) <u>falling long by being pushed</u>
7. Details of treatment given, and any other data from case or interviews with the death of decedent	3rd) <u>falling long by being pushed</u>
Death Investigation	
8. Case of Death (Primary Cause)	
9. Has physician been dead? If yes, attach the post-mortem report	Yes
10. Whether last examination of death was within 14 days	Yes
11. Details of the official cause (Under Cause - American Commission on Death) who conducted the autopsy	Death analyzed
12. A copy of the certificate of death has been distributed by the medical examiner	Yes
13. What is now being done to help or prevent the death?	1st) <u>falling long by being pushed</u>
14. Were the regulations regarding notification by GED followed?	Yes
15. Did the facility meet and follow up the notification standards established by GED? If no, describe the reasons.	Yes
16. Additional information	
17. Recommendations made	1st) <u>falling long by being pushed</u>
18. Action proposed to be taken	2nd) <u>falling long by being pushed</u>

Name: Dr. Doreen A. S. Department: PHOTO - EP
 Date: _____ Signature: _____
 Note: If any member of the ICAAC/ICAC has performed the autopsy, forward from the proceedings of Missouri
PHOTO - EP
PHOTO - EP

1. A. This pregnancy was intended (IMPT)	NO
B. Estimated date of conception	NA
C. First number of pregnancy was due (FD)	NO
D. Location of pregnancy (R/L/U/Other)	NA
E. Was the mother already pregnant at time of abortion	NO
F. In context of the Committee Members, the pregnancy was due to	

Name, designation and signature of the Committee Members:

1. Dr. Goyal Ashish 2. Dr. Wadhwa H.V.
 3. Dr. Deshmukh L.S. 4. Dr. Sunita Patil
 5. Dr. Bhatnagar G. 6. Dr. Sagal Dill

Reviewed by QAC:

Mode of review of the QAC:

- (a) Was the application reviewed as per the SOP?
- (b) Was the application found to be in compliance with the SOP?
- (c) Was the review conducted as per the SOP?

Post-operative complications due to Separation

(a) Was the mother already pregnant at the time of abortion?

(b) Does the facility meet all the criteria for the registration of the abortion?

Signature of the reviewer: _____

Signature of the applicant: _____

Dr. Ashish Goyal
 Dr. H.V. Wadhwa
 Dr. L.S. Deshmukh
 Dr. G. Bhatnagar
 Dr. Sunita Patil
 Dr. Dill Sagal

Based on the investigation report, the following recommendations are made:

Approved by: _____

Designator: _____

Signature: _____

Note: If any member of the QAC has performed the operation, he/she should receive "interim" feedback by completion of this report.

Proforma for Conducting Audit of Death

It is to be understood that this proforma is to be used for conducting audit of death and is not to be used for any other purpose.

Name of the State: Uttar Pradesh District: Almora

Details of the deceased

1. Name	<u>Devi Lal, Chaudhary, Bhat</u>
2. Sex	<u>Male</u>
3. Age	<u>60</u>
4. Name of Village/Block/Taluk	<u>Devi Lal, Panchayat, Almora</u>
5. Address of the deceased	<u>House No. 15, P.O. Bhat, Almora</u>
6. Number of family members with details including age and sex	<u>6 - 1 Male, 5 - 1 Female</u>
7. Whether any medical professional attended at the place of occurrence	<u>Yes</u>
8. Cause of death	<u>MI</u>
9. Date of death	<u>20/01/2018</u>
10. Time of death	<u>10:30 AM</u>
11. Type of death	<u>Accidental</u>
12. Name of the doctor who attended at the place of occurrence	<u>Dr. Prakash Chandra</u>
13. Whether the deceased was insured with LIC	<u>No</u>
14. Whether the deceased was insured with any other insurance	<u>Yes</u>
15. Whether the deceased was insured with any other insurance	<u>Yes</u>

Details of relatives

16. Name of spouse	<u>Smt. Deepa</u>
17. Name and address of spouse (if alive)	<u>Almora, P.O. Bhat, Almora</u>
18. Name and address of other relatives (if any)	<u>None</u>
19. Name of employer	<u>None</u>
20. Whether any person was injured at the place of occurrence	<u>Yes</u>
21. Name of the person who reported the death to the police station	<u>None</u>
22. Whether any person was injured at the place of occurrence	<u>Yes</u>
23. Name of the person who reported the death to the police station	<u>None</u>
24. Name of the person who reported the death to the police station	<u>None</u>
25. Name of the person who reported the death to the police station	<u>None</u>

Standardized Reporting System

21. Name of the health care institution	Dr. S. S. Walavade
22. Location of institution (District and Taluqa)	Dr. S. S. Walavade, Dist. Solapur
23. Type of institution (e.g. Government, Private, etc.)	School
24. Full description of the incident, including the sequence of events:	
A. Description of symptoms and signs	He fell
B. Details of interventions and other investigations	Admitted to hospital, given 100% O ₂ , IV fluids, etc.
C. Details of treatment given with timings, dates, etc. (Time taken of admission until the death of child)	He died on 10/10/2000 at 10:00 AM. Cause of death: Sudden cardiac death.

Details of Death Audit

25. Cause of death (Primary Cause)	
26. Has post-mortem been done? If yes, attach the post-mortem report	
27. Whether this incident arose as a result of negligence	Yes/No
28. Did you refer the case to District Quality Assurance Committee (DQAC)?	Yes/No
29. If yes, name of the chairman of DQAC, was communicated to the notification authority	Yes/No
30. What factors could have helped to prevent the death?	
31. Were the notification standards established by QAC followed?	Yes/No
32. Did the facility meet and follow up the notification standards established by QAC? If no, for the reasons	
33. Additional Information:	
34. Remarks/observations:	
35. Action proposed to be taken:	

For: Dr. P. M. Thakkaram

Name: Dr. S. S. Walavade Designation: M.S.S.D.H. Duglavy

Date: _____ Signature: [Signature]

Note: If any member of the SACC/DQAC has performed the audit, he/she must be present for the proceedings of this audit.

**Medical Superintendent C-1
Sub-District Hospital, Dugloor**

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQA C and sent to state)

Name of the state/District/Union Territory.....

Details of the deceased

1	Name	BHAGSHRI ANKUSH TARFE
2	Age	27
3	Sex	Female/Male..... FEMALE.....
4	Name of spouse (if any) (her age)	ANKUSH SAMBHAGI TARFE
5	Address of the deceased	HARSHI TQ. PUSAD
6	Number of living children (with details concerning age and sex)	4
7	Whether operation was performed after delivery or otherwise	INTRVEL MC-1/07/2022

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	D/M/Y.....12.../...07...../2022.....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	CAMP FIXED DAY

Details of operations

12	Place of operation	SDH PUSAD
13	Date and time of operation (D/M/Y)	13/07/2022 AT 11.15AM
14	Date and time of death (D/M/Y)	18/07/2022 AT 11.00 AM
15	Name of surgeon	DR. MINAL M. BHELONDE
16	Whether surgeon was empanelled or	Yes/No YES WORKING AS MO IN SDH
17	If the operation was performed at a camp who primarily screened the	CAMP
18	Was the centre fully equipped to handle any emergency complications	Yes/No YES

19	Number of clients admitted and number of clients operated upon on	11
20	Did any other client develop complications? If so, give details of	NO COMPLICATION TO OPERATION

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	NO
22	Details of anesthesia drugs used	
23	Types of anesthesia/analgesia/sedation	SEDATION
24	Post-operative complications (according to sequence of events)	NO COMPLICATION
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	

Details of Death Audit

25	Cause of death (Primary Cause)	NOT KNOWN
26	Has postmortem been done? If yes,	YES
27	Whether first notification of death was sent within 24 hours	Yes/No NO
28	Details of the officials from District Quality Assurance Committee (DQAC) who conducted the enquiry	IF
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	Yes/No
32	Did the facility meet and follow up the sterilization standards established by GOI? no list the deviation(s)	

33	Additional Information:	
34	Recommendation/s:	
35	Additional Remarks:	

Name:

Designation:

Date:

Signature:

Note: Any member of the SQAC/DQAC Chapter for med the operation, he/she should discuss himself/herself from the proceeding of this audit.

Proforma for Conducting Audit of Death

To be submitted within one month of notification by MOAC and sent to state

Name of the state/Union Territory: Chandigarh

Details of the patient

1	Name	<u>Mrs. Sunita Preet Singh</u>
2	Age	<u>29 Yr</u>
3	Sex	<u>Female</u>
4	Name of Spouse (if not applicable)	<u>Mr. Preet Singh, Chandigarh</u>
5	Address of the deceased	<u>Plot no. 15, Sector 17, Chandigarh - 160017</u>
6	Number of living children with details concerning age and sex	<u>Male - 2 (3 Yr)</u> <u>Female - 1 (1 Yr)</u>
7	Whether operation was performed after delivery or otherwise	<u>After delivery</u>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	<u>14/11/22</u> <u>Govt. Mat</u> <u>Normal delivery</u>
9	Whether tubectomy operation was done with/without	<u>NO</u>
10	Whether written consent was obtained before the operation	<u>NO</u>
11	Whether the operation was done at a camp or as a fixed day clinic procedure at the institution	<u>As a fixed day clinic procedure at the institution</u>

Details of operation

12	Place of operation	<u>Govt. Matrnal</u>
13	Date and time of operation (DD/MYY)	<u>21/11/22</u>
14	Date and time of death (DD/MYY)	
15	Name of surgeon	<u>Dr. Gurdial Parminder</u>
16	Whether surgeon was registered or not	<u>NO</u>
17	If the operation was performed at a camp who primarily supervised the clinic clinically	<u>Medical Officer</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure?	<u>NO</u>
19	Number of cases admitted and number of cases operated upon on the day of surgery	<u>10</u>
20	Did any other cases develop complications? If so, give details of complications?	<u>NO</u>

Attachment 2: Analysis Worksheet

21	Name of the Anesthetist, if present	NA
22	Details of anesthetic drugs used	NO
23	Type of anesthetic/analgesic sedation	NA
24	Post-operative complications (according to sequence of events)	-
	A. Details of symptoms and signs	-
	B. Details of laboratory and other investigations	-
	C. Details of treatment given, with timings, dates, site, time of administration until the death of child	-

Detailed Findings

25	Cause of death (Primary Cause)	Asphyxia due to CPD in respiration
26	Has post-mortem been done? If yes, attach the post-mortem report	NO
27	Whether first notification of death was sent within 24 hours	Yes If not, give reasons
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr. V. H. Velupillai, Chairman Dr. Anand R. P. Subramanyam, Member Mr. Suresh Mathan, Member
29	In opinion of the chairman of DQAC, was death attributable to the health care provided?	Yes/No/Not
30	What factors could have helped to prevent the death?	Good follow up to a CEI of all types None. Required timely medical attention
31	Were the accreditation standards established by COA followed?	Yes/No
32	Did the facility meet and follow up the accreditation standards established by NCHT if no, list the deviation(s)	Yes
33	Additional information	-
34	Recommendations made	CEI of all the types of respiration
35	Action proposed to be taken	-

Name Dr. P. N. Mohan

Designation DR/NO

Date 20/06/23

Signature [Signature]

Note: If any member of the DQAC/DOAC has performed the operations, he/she should recuse himself/herself from the proceedings of the audit.

Death Notification Form

Notification: The Medical Officer (MO) at the Government Health Centre (GHC) will conduct a post-mortem (PM) on the deceased and ensure that the disposal of the deceased body complies with the provisions of the Environmental Protection Act (EPA) 1986. The information will be provided as follows:

1	Date of this report (DD/MM/YY)	1 / 06 / 2022
2	Date of death (DD/MM/YY)	15 / 10 / 2022
3	Name of the deceased	Darshana Arun Chandrababu
4	Age	25 yrs
5	Sex	Female
6	Address of the deceased	At Nandkote Taluk, Koppal District
7	Name of the resident officer	
8	Where procedure performed (specify the name of the site) (A) Taluk office	<ul style="list-style-type: none"> • Camp: Details not known • PH Center: Taluk office, Govt. Hospital • District Hospital: Taluk office • Medical College: Taluk office • Accredited Private Medical Facility: Taluk office
9	Type of procedure A. Female Sterilization (A) Tubal ligation	<ul style="list-style-type: none"> • Consent: Details not known • Method: Tubal ligation • Experience: Taluk office • Any Other: Taluk office
	B. Male Sterilization (B) Tubal ligation	<ul style="list-style-type: none"> • Consent: Taluk office • Method: Taluk office • Experience: Taluk office • Any Other: Taluk office
	C. Other (with MTC/Sure) (C) Tubal ligation	<ul style="list-style-type: none"> • Consent: Taluk office • Method: Taluk office • Experience: Taluk office • Any Other: Taluk office
10	Date of notification procedure	15 / 10 / 2022
11	Describe in detail what happened (chronological order. Include symptoms and signs and describe all actions taken during the course of addressing the complication (including with the initial identification of the problem, until the occurrence of death. Wherever possible record the time and date of each incident) Use an appropriate additional sheet of paper if more space is required)	<p>The patient was admitted to the hospital on 10/10/2022 with a history of abdominal pain and vomiting. She was diagnosed with a tubal ligation complication. She was treated with painkillers and anti-emetics. She was discharged on 12/10/2022. She was readmitted on 14/10/2022 with severe abdominal pain and vomiting. She was diagnosed with a tubal ligation complication. She was treated with painkillers and anti-emetics. She was discharged on 15/10/2022. She died on 15/10/2022. The cause of death was tubal ligation complication.</p>
12	Cause of death	As stated above in the description of the incident
13	Contributing factor, if any	None

14	Postmortem examination performed?	Yes/No <u>Yes</u>
15	Name and designation of surgeon who performed the autopsies	Dr. Pankaj K. Bhandari, Sr. Resident Dept. of Pathology, 1st Floor, Hospital
16	Name and Institution where death occurred	Govt. Medical College & Hospital Chhatrapati
17	Name and designation of reporting officer	Dr. Piyanka G. Walke, MBBS - 15 years Senior Resident

Name Dr. Piyanka G. Walke

Designation Senior Resident

Date 1/06/2025

Signature [Signature]